

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
2003 APR 30 PM 4:07
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI 704 FLORIA M NICKNAME LAST SUFFIX				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER ADDRESS ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2019 Lamar <input type="checkbox"/> Change of Address				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI NICKNAME LAST SUFFIX				
	6 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE (Residence or business)				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year 03/19/03 THROUGH 03/24/03				
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 05/03/03 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				
<input type="checkbox"/> additional pages					

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT
SUPPORT & TOTALSFORM C/OH
COVER SHEET PG 2

2003 APR 30 PM 4:07

14 C/OH NAME

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☒ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

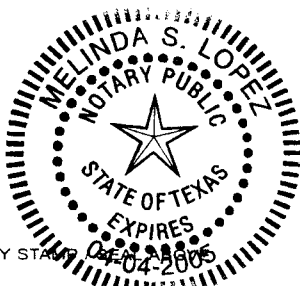
4. TOTAL POLITICAL EXPENDITURES

\$ 0

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Floria Fox

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Floria Fox, this the 30th day of April, 20 03, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

